

REMARKS AND ARGUMENTS

Claim 1 stands rejected under 35 U.S.C. § 103 in view of Schneider (US 4,626,250). It is respectfully submitted that, as amended, the present invention is clearly distinguishable from Schneider. Schneider teaches an external catheter that is attached to the penis proximally to the glans. This external catheter consists of an "inner sleeve 12" (Col. 4, line 11) and an "elongated outer sheath 11" (Col. 4, lines 10-11). Inner sleeve 12 and elongated outer sheath 11 are fused and, when stretched over the penis head, as shown in Figure 5, create an "annular space 20" (Col. 4, line 56). This annular space created between the layers is the "neck section 15" (Col. 4, line 29) of the external catheter rather than a secondary receiver unit as in the present invention. Note that it is created only after the external catheter is stretched over the penis, much like a condom. In contrast, with the present invention it is not necessary to attach anything to the penis. In fact, the convenience of the invention is in its portability and ease of use.

The external catheter as taught by Schneider would, perhaps, have applicability in a long-term setting such as that found with a completely immobilized patient in a hospital, or an astronaut who could not expect to easily use and remove a male urinary assistance device such as described in the present invention. In contrast to the attached, external catheter of Schneider, the male urinary assistance device disclosed by the present invention has a completely different purpose: to enable a prone patient some degree of control and ease of use of a male urinary assistance device without the worry or mess of backflow and without the need to attach anything to the penis. The male urinary assistance device as disclosed in the present invention is especially useful in the case of a patient who is temporarily confined to bed. Note that the potential hygiene concerns of semi-permanently attaching a urine collection device of any sort to the penis of a prone patient should be

considered before such a step is taken. The most hygienic means of urine collection under most circumstances would be such as is taught in the present invention.

In addition, Schneider teaches an inner sleeve 12 which is disclosed as a “thin, limp, highly stretchable membrane[]” (Col. 4, lines 64-65) as opposed to a material with shape-retaining properties such as in the present invention. This malleable characteristic could be useful under some circumstances, but certainly not as one of the objectives of the present invention which is “to provide an improved male urinary assistance device, which is easily used by persons [with] neural motor control disorders.”

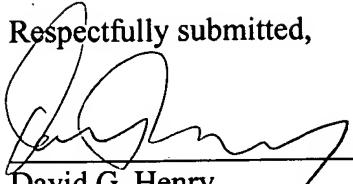
Please note that the other prior art referenced by the Examiner would not solve the problem of backflow in a prone patient. The referenced art relies on gravity to prevent backflow of urine during use. (Northrop, Blackburn et al., Ajamian et al., Appelbaum, Heininger, Elise)

In view of the above, it is submitted that Claim 1 is in a condition for allowance. Reconsideration and withdrawal of the rejections and objections are hereby requested. Allowance of Claim 1 at an early date is solicited.

If impediments to allowance of Claim 1 remain and a telephone conference between the undersigned and the examiner would help remove such impediments in the opinion of the examiner, a telephone conference is respectfully requested.

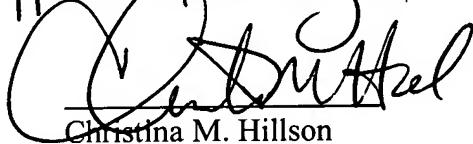
Finally, because the Examiner does not comment on the drawings in the body of the Office Action, it is presumed that corrected drawings need not be submitted at this time. If otherwise, please advise.

Respectfully submitted,


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Christina M. Hillson